

Developmental Disabilities Program
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DATE: September 14, 2005

TO: John Kratofil, Board Chairman
Vickie Poynter, CEO Resource
Pam Rhodes, Program Director

FROM: Judi Allen, Field Services Specialist

SUBJECT: Quality Assurance Review for Achievements
Period of Review March 2004- April 2005

I would like to summarize the results of the Quality Assurance Review that I conducted during May 10-12, 2005. All contracted services were reviewed which included work services, intensive group home, intensive day, supported living(congregate and non congregate), and transportation. The process for the review includes three categories:

1. A desk review of data collected through the review period included but not limited to: incident reporting trends, medication errors, Adult Protective Service issues, Client Rights, IP issues, and a review of licensing, accreditation and fiscal reports etc.
2. An on-site review involving checking agency and client's records, a review of consumer surveys, staff interviews, and observations at different facilities.
3. A review of case management contacts and quarterly reports for assessing quality of services provided.

During the review the uses of Quality Assurance Observation Sheets (QAOS) were used to record exemplary practices and indicate deficiencies. The QAOS were numbered at the top and noted in this review. The QAOS record what is observed and what Administrative Rule or Contract requirement is surpassed or deficient. A response on the deficient QAOS is required from the Provider. There was a total of 12 QAOS written, seven were commendations and five were in need of a plan of correction.

GENERAL AREAS

ADMINISTRATIVE

1. Significant Events from the Agency

A) In March of 2002 Achievements Inc. entered into a management contract with Flathead Industries in lieu of an executive director. This contract is renegotiated on an annual base through Achievements's board of directors. Administrative functions are directed by officers of Flathead Industries. During this past year, Peter Neumann, CEO-Operations retired. Up until that time, he and Vickie Poynter, CEO- Resources shared oversight responsibilities. In February of 2005, Flathead Industries' reorganized and it's Board of Directors retained Vickie Poynter as the sole Corporate Executive Officer. She is responsible for reporting to and implementing Achievements, Inc.'s Board of Directors directives. Management staff from Kalispell maintain a presence in all areas of the corporation and they are involved, knowledgeable and supportive in administrative, fiscal and client specific issues. This continues to be a positive arrangement for Achievements.

B) The corporation combined the supported living manager position and the group home manager into a residential manager for better consistency between the two programs.

C) Pam Rhodes, Program Director, completed IABA training the end of May. This will greatly help Achievements have the resources to serve their consumers with challenging behaviors.

D) Pam Rhodes, Program Director, is a Mandt Trainer and she teaches her staff in the Mandt System and she also team teaches Mandt in the Libby school system. Pam has recently been certified to teach CPR and First Aide.

E) Achievements has increased their net working in the community through the Chamber of Commerce and working with the job service. Staff is on several committees with these agencies and they have received training on personnel management and referrals for potential employees.

F) **(QAOS#1) I commend Achievements for their increased efforts to involve their consumers in local community functions. The consumers have always taken part in Logger days and Nordic Fest and they have now set up a track meet with the local high school and an Easter egg hunt where the community is involved which provides an excellent avenue for community interaction.**

2. Policies and Administrative Directives

The Achievements Policy and Procedure Manual was reviewed and found to be in compliance with DDP requirements and directives. **COMMENDATION (QAOS# 2) Achievements has been aggressive in complying with the ever changing Incident Management Policy and Protocols. They have developed a weekly management committee that reviews all incidents and they have been sending me their trend summary since March 2005. Also of note is that the corporation has been prompt and thorough in doing and submitting any critical investigation reports. Thanks for being so dedicated in making this new system manageable.**

3. Licensing

Group home license was reviewed and is current through October 31. 2005.

4. Accreditation

Achievement was last accredited by AC through February 2004. The corporation will be applying for CARF accreditation in 2006.

5. Agency internal communication systems

Regular scheduled meetings occur at all levels of the organization. Consumers meet quarterly, group home, day services, and supported living have monthly staff meetings, and the Board of Directors meets every other month. Daily consumer logs are shared with residential and day programs. The phone and e-mail systems are also used for communication of information.

6. Fiscal

Fiscal reports, cost plans, and invoicing are received in a timely manner. I compared the November 2004 invoices to attendance records and found no discrepancy. Achievements' fiscal year end reports were received on time. An outside Audit was conducted in September 2004 and there were no findings.

7. Appendix I

All negotiated items in the appendix I were met.

SPECIFIC SERVICES REVIEWED

I. INTENSIVE SERVICES

Commendations:

(QAOS#3) There has been a staff assigned(Sherresa) to oversee the consumers programming in both the group home and the intensive day program. Intensive staffs now work both in the intensive day program and the group home. This has improved communication and consistency for those two programs.

(QAOS#4) Achievements has adopted using the IP preparation sheet for things to be done prior to and during the IP's. The staffs are better prepared at the IP meetings. Excellent improvement

Deficiencies

(QAOS#5) There was only one deep sleep fire drill conducted at the group home since the last QA review. Group home staff on all shifts need practice in evacuation procedures. **RESPONSE:** Mechanical lifts are required for all lifting and transferring. Use of lifts during the drill will cause the drill time to be exceptionally long and disturbing to the consumers. Achievements will network with other providers who serve those requiring full assistance during fire drills. Since Providers response they have discovered that other corporations do drills more often with only staff involved as not to disrupt sleep patterns of consumers.

A. FLOWER CREEK GROUP HOME

This home serves six medically fragile individuals. The home was neat and clean and had a warm homey feeling. Each individual had a choice in decorating and picking out the paint color

for their own bedrooms. All individuals had choices in their daily life and participated as much as they can with their environment. The home also has a pet dog, Lady, that is very much a part of the family.

1. HEALTH AND SAFETY

Vehicles

Achievements maintains a van for the intensive services. Regular maintenance checks are preformed on all vehicles. There were documentation available and the van that I checked had good tires, fire extinguisher, first aide kit, and seat belts.

Consumers

The agency is very responsive to all of the consumer's health and safety needs. In the group home where six medically fragile individuals reside their medical needs are always addressed in a timely fashion which can be challenging at times in a rural community. However, the group home does a very good job at making sure these needs are met. Bathing procedures for those with seizures were discussed at the individual's IP's. Due to the medically fragile conditions of all the consumers in this home bathing is always assisted by staff.

Medication Safety

All staffs are currently medication certified. Routine medication errors are reviewed by the residential supervisor on an ongoing basis and trends are now reviewed by the incident management committee weekly. Achievements has submitted to me quarterly and now on a monthly basis an analysis of any medication error trends that are occurring during that month and how they plan to decrease those errors. No medication trends were noted. However, there was a decline in medication errors from last year.

All medications are kept in a locked secured location in all locations. There is one consumer who lives in the group home who takes a controlled substance and it is kept in the group home in a double locked area. Two staff signatures are required when given and this medication is counted two times a day. Achievements uses bubble packs and two staff initial the medication sheets when the medications have been given. Staff is very responsive to missed medications and they follow the immediate reporting to doctors, nurses, or pharmacists. I found medication protocols, self-medication training programs, medication administration records, PRN protocols and all other aspects of medication safety in place at the group home/intensive day.

In reviewing NL's IP, programs and data, I found that in his latest IP it was discussed that NL had reached his highest level of independence in his medication program. Overall improvement is noted in IP's discussing consumer's level of involvement in the medication process.

Site

I have visited the group home throughout the year and during the course of this review. The group home is decorated nicely and within the last year the whole inside of the group home was painted. Each consumer picked out the colors that they wanted their bedrooms painted. In the yard additional trees and scrubs had been planted and the consumers were planning on what to plant in their raised planters.

The group home has an extensive home safety check list which is conducted on a monthly basis. The water temperature was controlled below 120 degrees, fire drills and/or other threats were conducted monthly or more often and documentation was available. There is need for Deep sleep fire drills as stated in the deficiencies above.

2. SERVICE PLANNING AND DELIVERY

Individual Planning

Individual Plans(IP), including assessments, implementation, and monitoring were reviewed for one person living in the group home. The IP reviewed had a well-developed plan with good assessments to help develop that plan. Throughout the year I have reviewed IP documents from Achievements and I noted that medication skills of the individual's are now discussed at each IP meeting and also improvement noted on filling out the details (start and completed dates with corresponding data) on the IP forms.

Leisure / Recreation

Leisure and recreational logs were reviewed. It noted that consumers were encouraged to make choices and to participate as much as they can in a variety of activities.

Client Rights

Achievements has been a strong supporter for client rights. Consumer meetings talk about their rights and many individuals attend People First meetings on a regular basis. When asked, the consumers can tell you what rights they have. Any Rights restrictions were only for health and safety reason and they are reviewed on an annual basis or sooner as noted on the Rights Restriction.

Medical / Health Care

The individuals in intensive services are medically fragile and Achievements is very responsive to their consumers health needs.

Emotionally Responsible Care Giving

During my review and visits throughout the year, staff interactions with the consumers were involved and caring.

Consumer Surveys

Consumers' surveys are done by case managers prior to the consumer's annual IP meeting and then any issues are acted upon. Case Managers send the QIS a copy of those surveys. No discontent was noted from any of the survey's that I have reviewed.

Agency Consumer Satisfaction Surveys

The agency sends out a survey to family members and then if there are any concerns the agency would follow up with the family.

3. STAFFING

Screening / Hiring

The screening for hiring staff was very precise and background checks were completed on the five staff files reviewed and documentation was available.

Orientation/ training

Achievements has a very thorough staff orientation process. Also on going training is offered to employees through CBT, Mandt, CPR, and first aide with additional training added when needed. All employees are enrolled in CBT within 45 days of hire.

I strongly recommend that on a yearly basis staff should be trained on mandatory reporting procedures and client rights with the staff signing that they have received training. If Achievements would like me to do that training, they must request that in writing and I will be glad to provide that service.

Ratios

During the review all areas were in compliance with their contracted staffing ratio. Staffing ratios have been checked periodically across the past year and the results show that all areas have consistently met or exceeded their contractual staffing ratios.

Staff Surveys

One staff was interviewed using the staff survey questionnaire. All sections were satisfactorily answered.

4. INCIDENT MANAGEMENT

Adult Protective Services

There are no outstanding issues/ concerns regarding Abuse / Neglect reporting. The notifications for those incidents are reported per requirements. The Agency has a very good working relationship with APS here in Libby and they work very well as a cohesive team to ensure the protection of Achievements' consumers.

Incident Reporting

Achievements does an excellent job of reporting incidents as required by Administrative Rule of Montana

B. INTENSIVE DAY

This service serves the same medically fragile individuals that live in the group home and one additional individual from the community. The program is located in the main building where work services are located. During bad weather the day program may at times be operated out of the group home due to wheel chair maneuvering and the fragile health of the consumers in the home.

1. HEALTH AND SAFETY

Vehicles.

Same as above in group home 1.

Consumers

Seven individuals are served in the intensive day program, six from the group home and one person from the community. Due to the needs of the fragile individuals many health needs are also addressed in their day programming. Range of motion, special feeding, repositioning, stimulation and sensory therapies are used to provide an array of involvement with their environment. Some individuals are working on pre-vocational skills and integration with the other consumer are encouraged.

Medication Safety

Same as above in group home 1

Sites .

This service serves the same individuals that are in the group home plus one individual from the

community. It is located within the main building of Achievements. Evacuation drills are preformed regularly.

2. SERVICE PLANNING AND DELIVERY

Individual Planning

Same as above in group home 2

Leisure / Recreation

Same as above in group home 2.

Client Rights

Same as above in group home 2.

Medical / Health Care

Same as above in group home 2. One individual that attends the intensive day program lives with her family and they take care of all her routine medical needs.

Emotionally Responsible Care Giving

Same as above in group home 2

Consumer Surveys

same as above in group home 2

Agency Consumer Satisfaction Surveys

Same as above in group home 2

3. STAFFING

Screening / Hiring

Same as above in group home 3

Orientation/ training

Same as above in group home 3

Ratios

Same as above in group home 3

Staff Surveys

Same as above in group home 3

4. INCIDENT MANAGEMENT

APS

Same as above in group home 4

Incident Reporting

Same as above in group home 4

II. WORK/DAY/COMMUNITY EMPLOYMENT

Achievements serves twenty-one consumers in different vocational settings. They have a Thrift Store, a printing shop(Montana Exposures), a ceramic store(Claymart) where the consumers are

taught various work skills at each location. Three consumers have combined services working at the day program plus working in jobs in the community. Two individuals have their own business.

Commendations

(QAOS#4) As with all service areas in Achievements, the use of the IP preparation sheet done prior to IP's has made for a better prepared planning meeting for the consumers that they serve.

(QAOS#6) The corporation is actively developing community job sites and hope to have more outside jobs for their consumers.

(QAOS#7) Montana Exposure had a new look that was better organized and more appealing in viewing their product lines. In my interaction with the consumers working there, they all really thought it was a neat place to work.

Deficiencies

(QAOS#5) There was missing documentation of fire drills for the Thrift store from August.04 through Jan.05. And for Montana Exposure I only found drills run 2/04, 11/04, and 1/05. Fire Drills need to be conducted at least quarterly for safety reasons.

Response: Areas will be monitored by the safety committee to ensure drills are being run as required

1. HEALTH AND SAFETY

Vehicles

Work/ day utilizes the 15 passenger van. Maintenance is done routinely and documentation was available

Consumers

Individuals work at different locations throughout Achievement work locations and are learning an array of different job skills. A safe environment is promoted in all areas. Any health and safety concerns are reported and dealt with as soon as possible and then a report goes to the incident management committee who would act to correct any future occurrences.

Medication Safety

Same as in group home

Medications were kept locked in the main building for any consumer needing medication during work hours. Medication procedures and MAR's were up to date and documentation was available.

Sites

During my review I visited the Thrift Store and Montana Exposure. All sites had a clean/ sanitary environment. Both sites were well organized and visually appealing. Exits were unobstructed. All fire extinguishers were charged and available. Evacuation drills were not run on a regular basis. See deficiencies above.

2. SERVICE PLANNING AND DELIVERY

Individual Planning

Same as group home

I did find copies of individuals IP in each working area. This is an improvement over last review.

Leisure / Recreation

The consumers are involved in various community activities throughout the year. Everyone is encouraged to make choices and participate as much as they can. Special Olympics are enjoyed by all and practicing for all the events help the consumers build skills and confidence. Fridays are the consumers day to go out to lunch in the community. Those that can go on their own and others may go with a group. Once a month the staff prepare lunch for the consumers at the day program.

Client Rights

Same as in group home

Medical / Health Care

Medical and Health care are usually taken care of through residential or family. However the day programs are very alert to any medical needs that may arise during the work hours.

Emotionally Responsible Care Giving

During the review and throughout the year I have observed very positive interaction between staff and the consumers and noted individuals were encouraged to participate and to make choices.

Consumer Surveys

same as group home

Agency's consumer satisfaction surveys

Same

3. STAFFING

Screening Hiring

Same as above in group home

Orientation / Training

Same as above in group home

Ratios

same as above in group home

Staff Surveys

Same as above in group home

4. INCIDENT MANAGEMENT

APS

Same as above in group home

Incident Reporting

Same as above in group home

III. SUPPORTED LIVING (CONGREGATE AND NON-CONGREGATE)

Achievements serves eight individual in the Green Springs Apartments and nine individuals in apartments or homes within the community.

Commendations

(QAOS#4) Achievements has adopted using the IP preparation sheet for things to be done prior to and during the IP's. The staffs are better prepared at the IP meetings. Excellent improvement

Deficiencies

(QAOS#5) In reviewing fire drill documentation it was noted that there had no deep sleep drills conducted in supported living during the review period. I know Achievements feel that it would be disruptive to the sleep of the consumers. I would suggest doing some drills prior to consumers waking up or right after they go to bed. Best practices are to do quarterly drills with all shifts represented.

Response: Safety committee will monitor to ensure drills are being run as required.

(QAOS#8) There is no documentation that shows when a consumer enters supported living services that they are given a choice as to who may be their supported living staff. I think that on an ongoing basis the case manager could discuss with the consumers, at their pre-IP meeting, if they are happy with their trainer and share that with the team. I know Achievements makes every effort to comply with the consumer's request for a new trainer. Please develop a plan to deal with choice upon entrance into supported living services.

Response: As part of the initial evaluation period, those new to Supported Living Services will be queried as to preference of staffing. Individuals will meet supported Living staff(usually 5-6 different staff) and have the opportunity to select staff. Consideration will be given to case loads and availability of staff.

(QAOS#9) In reviewing SW and JC IP documents, I noticed that each had a rights restriction for knives in their apartment, that had not been reviewed at their annual IP. All rights restrictions must be reviewed at least annually but hopefully more often. Please schedule a special for each to talk about the rights restrictions.

Response: Special IP's to be called ASAP To be completed by 7-31-05

(QAOS#10) In visiting with CD, who lives in Meadow Manor in the community and receives supported living services, she could not tell me how she would call for emergency back-up. She did know she should call but did not know the numbers. Please post emergency numbers by her phone. CD also could not tell me her address nor her phone number nor produce her ID. I would think this would be a safety concern. CD had a fire extinguisher but it was still in the box. I know the apartments will not allow it to be hung on the wall but please have it out of the box and available in the event of a fire.

Response: Emergency and contact numbers will be posted. As Cindy is known for throwing away many items, periodic checking to ensure #'s stay posted will occur. Fire extinguisher will be removed from the box and located for easy access for Cindy and staff. Again, as Cindy is known to throw things away on a regular basis, an ID card will be

obtained or made, with several copies available at the office, should Cindy's card disappear.

(QAOS#11) While visiting BB in her trailer that she owns I had concerns over the cleanliness and condition of the trailer. There was a noted mold problem in the back bedroom and staff were trying to assist her in eliminating the problem. I know BB is an individual that sees herself very independent and it is difficult for staff to step in as BB does own her own trailer. However, perhaps staff could assist her in doing or hiring someone to do a deep clean and get the clutter and dirt removed. Then once that is done BB would have an easier time in maintaining that condition with staff support.

Response: Steps have already begun for obtaining a loan for BB to purchase a home. The IP team has met to discuss the status of BB's trailer, with the agreement that if the home loan does not materialize, other options will be pursued. At least weekly, staff will attempt to help BB clean up her trailer, i.e., Dishes washed, clothes washed, dried and put away, fire safety concerns addressed, bathroom and bedroom cleaned up. Staff will document cleaning activities. Activities will continue until a new home is purchased or an alternative residence is found.

1. HEALTH AND SAFETY

Vehicles

same

Consumers

The individual's in supported living receive excellent medical care. Sue Coons manages all the health care appointments for all supported living consumers. She makes many trips to Kalispell and Missoula transporting everyone so they will receive the best health care that is needed.

Medication Safety

All staffs are currently medication certified. Routine medication errors are reviewed by the residential supervisor on an ongoing basis and trends are now reviewed by the incident management committee weekly. Achievements has submitted to me quarterly and now on a monthly basis an analysis of any medication error trends that are occurring during that month and how they plan to decrease those errors. No medication trends were noted however. There was a decline in medication errors from last year. All medications are kept in a locked secured location.

I found medication protocols, self-medication training programs, medication administration records, PRN protocols and all other aspects of medication safety in place for the consumers in supported living.

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Sites

During my review I visited the Green Springs apartment and one individual, S.W., that lives there. The apartment building was recently painting inside and out and the consumers were included in their choice of colors for their apartments. New carpets were also installed. I visited with Steve and his roommate after work. His apartment was clean and nicely decorated as were the other apartments in the complex. Supported living has an extensive home safety check list which is conducted on a monthly basis. The water temperature was controlled below 120 degrees, fire drills and/or other threats were conducted monthly or more often and documentation was available. There is a need for Deep sleep fire drills as stated in the deficiencies above.

I visited two individuals, CD and BB, that lived out in the community. Fire safety is run once a month with all community supported living individuals that live in their own place. Staff have them demonstrate fire safety and what to do and who to call. Also, a home safety check list is conducted weekly. Documentation was available and in talking to the two consumers they could tell me what they would do for fire and emergencies.

CD apartment was very neat, clean and tidy. She takes pride in her apartment and it is decorated very nicely. CD needs to have her fire extinguisher out and available for use as stated in the deficiencies above.

BB's trailer was in need of repair and cleaning as stated in the deficiencies above. BB takes pride in owning her own home.

2. SERVICE PLANNING AND DELIVERY

Individual Planning

Individual Plans(IP), including assessments, implementation, and monitoring were reviewed for the three individuals that I reviewed above. The IP's reviewed had a well-developed plan with good assessments to help develop that plan. Throughout the year I have reviewed IP documents from Achievement and I noted that medication skills of the individual's are now discussed at each IP meeting and also improvement noted on filling out the details (start and completed dates with corresponding data) on the IP forms.

Leisure / Recreation

same as above in group home.

In addition Bowling is scheduled on Saturday night and Saturday morning is scheduled to go to the Fitness Club for those that have memberships. And Sunday is Church for those that want to go.

Clients Rights

Same as in group home

Medical / Health Care

Same as above

Emotionally Responsible Care Giving

Same as above

Consumer Surveys

same as above

Agency's consumer satisfaction surveys

Same as above

3. STAFFING

Screening / Hiring

Same as above

Orientation / Training

Same as above

Ratios

Same as above

Staff Surveys

Same as above

4. INCIDENT MANAGEMENT

APS

Same as above

Incident Reporting

Same as above

IV. TRANSPORTATION

Commendation

(QAOS#12) There is excellent maintenance provided to the autos and the vans owned by the corporation. Documentation was available. Three of the Vehicles were purchased through an MDOT grant and they must report to them on a quarterly basis as to the maintenance and condition of vehicles and then MDOT periodically comes to inspect.

CONCLUSION

Thank you for your response to all the QAOS's. All responses were accepted on June 23, 2005 and no further action is needed. I will be following up throughout the year on any concerns that were noted in this report.

I would like to thank the staff, management, and the people they serve for assisting me in this review. Thanks to all of the staff for their dedication.

cc: Tim Plaska, Community Services Bureau Chief
Ted Spas, Regional Manager
John Zeeck, Quality Assurance Specialist